

## CORE Claims Team- External Adjustment Requests

### Purpose:

Adjustment Requests are received from the provider community or from IME Business Units. Adjustments are changes that are made to a previously paid claim. The IME Core Claims Team is responsible for processing all adjustment requests within 10 business days.

### Identification of Roles:

Adjustment Examiner – Review and processes adjustments within 10 business days of receipt

Claims Research Examiner – Review and processes adjustments within 10 business days of receipt. Identifies processing trends and reports them to the Operations Coordinator and Operations Team Lead, serves as the back-up to the Operations Coordinator

Claims Adjudicator – Reviews and processes adjustments within 10 business days of receipt

Operations Coordinator – Assists Adjustment Examiners with questions, trains on new processes, communicates changes (as directed by the Operations Team Lead and Operations Manager)

Operations Team Lead and Operations Manager – Monitors workload and ensures that performance measures are met on a monthly basis.

### Performance Standards:

One hundred percent (100%) of all clean Provider-initiated adjustment requests must be adjudicated within ten (10) business days of receipt.

### Path of Business Procedure:

Step 1: Batch is opened in Medicaid Management Information System (MMIS)

Step 2: Request is received in OnBase

- a. External Requests are scanned and added to OnBase by the IME Core Mailroom

Step 3: Requests are reviewed

- a. Requests that do not meet the requirements to process are 'Returned to the Provider' (RTP) using a task within OnBase.

Step 4: Adjust the Claim

- a. Open MMIS file 1 and enter the following information

1. Input Medium
2. Batch Date
3. Microfilm Machine Number
4. Batch Number
5. Total Documents Number
6. Batch Type
7. Accounting Code

Step 5: The following information should be entered from the Adjustment Request into MMIS:

- a. Transaction Control Number (TCN)
- b. National Provider Identifier (NPI)
- c. State ID (SID)
- d. Adjustment Reason

Step 6: Adjust the claim according to the changes specified on the remittance advice (RA) or corrected claim

Step 7: Work Edits

- a. Edits that are not the responsibility of IME Core will be sent to the appropriate team via MMIS

Step 8: Complete the request in MMIS

Step 9: Add the Adjusted TCN to the Adjustment Request in OnBase

## **Forms/Reports:**

Core 10 Day Completion Report

## **RFP References:**

5.2.2.3.4.2.1, 5.2.2.3.4.2.4, 5.2.2.3.4.2.40-41, 5.2.2.3.4.2.56, 5.2.2.3.4.2.63-64, 5.2.2.3.4.2.81-82, 5.2.2.3.4.2.84-86, 5.2.2.3.4.2.89-90, 5.2.2.3.4.2.92, 5.2.2.3.4.2.95-96, 5.2.2.3.4.2.107-108, 5.2.2.3.4.2.114, 5.2.2.3.4.2.117, 5.2.2.3.4.2.120, 5.2.2.3.4.2.122

## **Interfaces:**

Provider Services, Provider Cost Audit, Program Integrity, Revenue Collections, Medical Services,

## **Attachments:**

None